

BOOK REVIEWS

Guidelines for the Campaign Against Leprosy. 2nd ed. London: International Federation of Anti-Leprosy Associations (ILEP), c1983, 30 pp. plus appendix.

There are today 10–12 million people in the world suffering from leprosy; only about a quarter of these are registered, and considerably fewer are receiving adequate treatment.

The Member-Associations of ILEP support leprosy programs in some 80 countries, in which about 1.5 million patients are receiving treatment. The problems faced by these patients are due not only to the disease itself and to the disabilities and deformities it entails, but also to the stigma attaching to leprosy in many cultures. These factors have serious socio-economic consequences for both the individual and the community; these consequences add to the size and complexity of the leprosy problem, and necessitate a coordinated effort on the part of all concerned with human health and welfare, both governments and voluntary agencies. The role of ILEP is to assist this coordinated effort in all aspects of the campaign against leprosy, by the adequate treatment of as many leprosy sufferers as possible, by prevention of the spread of the disease and by education of the public. This task is made difficult by the lack of effective means of primary prevention, and by serious gaps in knowledge of the epidemiology of leprosy on the one hand, and by the lack of functioning health services in many countries where leprosy presents a problem on the other.

The purpose of this booklet is to set out principles for the conduct of leprosy control campaigns. It does not attempt to deal in detail with such matters as the epidemiology of leprosy or the technical aspects of control programs. These are well covered in other publications such as those prepared by the WHO.—*From the Introduction*

Hargrave, J. C. *Leprosy in the Northern Territory of Australia with Particular Reference to the Aborigines of Arnhem Land and the Arid Regions of the Northern Territory*. Darwin: A. B. Caudell, 1980, 351 pp.

Throughout the tropical world there are few places where one can say with certainty that there is less leprosy today than there was a decade or so ago. The Northern Territory is no exception. Its aim, like that of other countries, is eradication and at first sight this may appear simple—merely a matter of case detection, diagnosis, treatment and the eventual decline of the disease. Reality declares otherwise: some 90 years after the first diagnosis and more than a quarter of a century after the advent of the sulfones the morbidity is still serious and the outcome tenuous.

From a prognostic point of view it is important to know whether the measures utilized to control leprosy have been successful or not. From the patient's point of view it is equally important, to him, to know whether he can expect to recover and with what degree of disability. It also matters to him whether or not his family will be affected. These are some of the questions considered in this thesis, and since most patients are Aborigines, emphasis has been placed not only on the history of the disease as it spread slowly from tribe to tribe but also on the Aborigines and their environment.

The history of leprosy in the Northern Territory, although fascinating, provides little statistical information of value. It does suggest how leprosy was introduced and how it spread to involve most of the Aboriginal tribes; it throws light on prevailing attitudes towards leprosy; above all it highlights some of the enormous difficulties that have beset early settlers and physicians.

Even today there is still a strange blend of the ultra-modern and the ancient in the Northern Territory: of sophisticated medicine and superstitious beliefs about disease; of easy transport in fast aircraft and vast tracts of tribal lands without a road; it is a place where over a hundred different Aboriginal dialects are spoken; a place where some live in luxury and others in a nomad's camp; it provides at the same time both the very best and the very worst material on which to base a reliable opinion. It leaves one asking: "Is leprosy, or is leprosy not, under control in the Northern Territory?"

One thing is clear. More patients come from Arnhem Land than from any other place. From a medical point of view these people are better known than any others and have been studied in some depth. The situation as it exists among them has been compared with that that obtains in the arid regions.

The thesis itself is the examination of an epidemic, and later of an endemic. One aim was to confirm the way in which the disease was introduced and to show how it spread. Another aim was to determine where the prevalence and incidence of leprosy are now waning and where they are not and to isolate parameters that may have affected them. The sections on clinical leprosy and relapse should be regarded not as a definitive treatise, but as material included simply as a basis for discussion; from necessity the social and historical background of Aborigines assumes an important part of the whole picture. Again and again their significance is thrust forward to temper would-be criticism of the past in the light of modern knowledge.

There is also a section on deformity and disability. To the individual patient these are the things that matter. Some space has therefore been devoted to the discussion of peripheral nerve lesions in Aborigines with leprosy and to the correction of resultant deformity. The remainder deals with control.

In toto, the thesis defines the situation, questions the epidemiology, discusses morbidity and appraises measures of control. It is intended as a contribution towards the understanding of leprosy in the Northern Territory of Australia.—From the Preface.

Lechat, M. F. and Vanderveken, M. *Basic Epidemiological Indicators for Monitoring Leprosy Control*. Tokyo, Japan: Sasaki Memorial Health Foundation, 1983, 26 pp.

This publication on basic epidemiological indicators for monitoring leprosy control is very timely, particularly in view of the increasing use of the OMSLEP Information System for collection of leprosy data in a systematized manner. Until now there has been no publication on this subject describing in such detail the various indicators for the epidemiological evaluation of the

disease. The contribution is particularly useful in explaining the rationale behind the various indicators and the way to interpret them. In this connection the examples provided add greatly to the clarity of the presentation.

The publication hopefully will stimulate not only better interpretation of field data in leprosy, but also encourage leprosy workers to collect relevant information in a systematic manner. While data collection is essential for both operational and epidemiological evaluation, in many programs there is a tendency to collect too much information, some just for the sake of information, and some just to enable supervision through records. This approach leads to multiplicity of record and report forms, resulting not only in frustration at the field level but also in dilution of efforts for collecting the more critical information required for epidemiological evaluation. The OMSLEP system goes a long way in identifying the more important information that needs to be collected.

The publication enables leprosy workers at all levels to analyze the data collected at their level and to at least come to some tentative conclusions. In this connection it should be realized that it is not always possible to directly link the current epidemiological situation to the operational performance of the program of the recent past. This is because of the possibility of the epidemiological situation being influenced sometimes by factors other than the operational performance of the leprosy control program. Further, the epidemiological situation itself may be the result of the cumulative effect of disease transmission over a long period. We still do not have sensitive enough indicators, such as indicators of infection (as against the disease), to enable linking of the current epidemiological situation to control efforts in the recent past. Even so, the present publication provides sufficient guidelines to evaluate leprosy control which has been in operation for some time.

It is hoped that with wide dissemination of this very useful publication and the wider use of the OMSLEP system, the evaluation of the leprosy situation at all levels will greatly improve, leading to better programs for control of the disease.—Foreword by S. K. Noordeen